



AMENDMENT TRANSMITTAL

Applicants : Jayesh R. Bhakta et al.
 App. No. : 10/674,240
 Filed : September 29, 2003
 For : ARRANGEMENT OF
 INTEGRATED CIRCUITS IN
 A MEMORY MODULE
 Examiner : Unknown
 Art Unit : Unknown

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 26, 2004

(Date)

Bruce S. Itchkawitz
 Bruce S. Itchkawitz, Reg. No. 47,677

Mail Stop Fee/Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Preliminary Amendment in three (3) pages.
- (X) Return prepaid postcard.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	4 - 20 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	2 - 3 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$0
3 Month Extension		1253 (\$950)		\$0
			TOTAL FEE DUE	\$0



Docket No.: NETL.001DV1

Customer No.: 20,995

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jayesh R. Bhakta et al.

Group Art Unit: Unknown

Appl. No. : 10/674,240

Filed : September 29, 2003

For : ARRANGEMENT OF INTEGRATED
CIRCUITS IN A MEMORY MODULE

Examiner : Unknown

PRELIMINARY AMENDMENT

Mail Stop Fee/Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please amend the above-captioned application as described herein.

Amendments to the Specification: Begin on page 2 of this Preliminary Amendment.

Remarks: Begin on page 3 of this Preliminary Amendment.